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Bib Data Sheet

CONFIRMATION NO. 3056

SERIAL NUMBER 09/945,038	FILING DATE 08/31/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
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APPLICANTS

Ann Mond Johnson, River Forest, IL;
 Tracy J. Heilman, Chicago, IL;
 Joseph Donlan, Chicago, IL; John Fiacco, Roswell, GA;

** CONTINUING DATA ***** None DBC

** FOREIGN APPLICATIONS ***** None DBC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/04/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	IL	15	12	3
Verified and Acknowledged	Examiner's Signature <i>Dale S. Labadie</i> Initials <i>DBC</i>			

ADDRESS
 34060
 MICHAEL N. HAYNES
 1341 HUNTERSFIELD CLOSE
 KESWICK , VA
 22947

TITLE
 Method and system for consumer healthcare decisionmaking

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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